

STATEMENT OF ECONOMIC INTERESTS DE LA POLITICAL COVER PAGE ACTICES COMMISSION



Please type or print in ink.		2013 APR 12 AM 11 55 (MIDDLE)
NAME OF FILER (LAST)		(FIRST) (MIDDLE)
Wilcox	Douglas	Kent
1. Office, Agency, or Court	<u> </u>	
Agency Name		
Kerman City Council		
Division, Board, Department, District, if applicable		Your Position
City of Kerman		Councilman
► If filing for multiple positions, list below or on an a	attachment.	
Agency:	· · · · · · · · · · · · · · · · · · ·	Position:
2. Jurisdiction of Office (Check at least one	box)	*
State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County		County of
☑ City of Kerman		Other
	······································	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2012 December 31, 2012.	2, through	Leaving Office: Date Left
The period covered is/	, through	 The period covered is January 1, 2012, through the date of leaving office.
Assuming Office: Date assumed	J	The period covered is, through the date of leaving office.
Candidate: Election year	and office sought, if dif	ferent than Part 1:
4. Schedule Summary		
Check applicable schedules or "None."	► Total n	umber of pages including this cover page:
Schedule A-1 - Investments – schedule attache	d [27	Schedule C - Income, Loans, & Business Positions - schedule attached
Schedule A-2 - Investments - schedule attacher	· · · · · · · · · · · · · · · · · · ·	Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - schedule attached	d 📋	Schedule E - Income - Gifts - Travel Payments - schedule attached
	-or-	
□ Non	e - No reportable interest	s on any schedule
	and the second s	
herein and in any attached schedules is true and co	. 29	
I certify under penalty of perjury under the laws	of the State of	
Date Signed 4/4/3		
(month, day, year)		

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

	CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
	Name		
Douglas Kent Wilcox			

NAME OF BUSINESS ENTITY Phormico Inc. 401(k)	CB&T Cust IRA Douglas K Wilcox	
Pharmkee, Inc. 401(k)		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY,	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	FAIR MARKET VALUE \$2,000 - \$10,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT AUL Fixed Interest Acct Other	NATURE OF INVESTMENT Mutual Fund ☐ Stock ☑ Other	
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
J J 12 J 12 ACQUIRED DISPOSED	J J 12 J J 12 ACQUIRED DISPOSED	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
CB&T Cust IRA, Merlyn Wilcox	Kerwest, Inc.	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
· · · · · · · · · · · · · · · · · · ·	News Publications	
FAIR MARKET VALUE	FAIR MARKET VALUE	
\$2,000 - \$10,000 \$\frac{1}{2}\$\$10,001 - \$100,000	☐ \$2,000 - \$10,000	
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000	
NATURE OF INVESTMENT MoneyMarket & Mutual Fund	NATURE OF INVESTMENT Stock Other	
(Describe)	(Describe)	
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
/ 12 / 12	/ / 12	
ACQUIRED DISPOSED	ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY	
is .		
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAD MADVET VALUE	FARMARKET VALUE	
FAIR MARKET VALUE \$10,000 \$10,000 \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT:	
Stock Other(Describe)	Stock Other (Describe)	
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
Comments:		

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Douglas Kent Wilcox

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Pharmkee, Inc.	Douglas K Wilcox, Merlyn E Wilcox Family Trust
Name	Name
497 Oller Street, Mendota, CA 93640	642 S Boyd Dr., Kerman, CA 93630
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
Trust, go to 2 Business Entity, complete the box, then go to 2	☑ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
□ \$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$10,001 - \$100,000 ACQUIRED DISPOSED \$1,000,001 - \$1,000,000
☑ Över \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Steelsholder	MATURE OF INVESTMENT
Postporchia Solo Proprietorchia ZI StockHolder	NATURE OF INVESTMENT Partnership Sole Proprietorship
Utner	Cther Other
YOUR BUSINESS POSITION Director/Pharmacist	YOUR BUSINESS POSITION
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
S0 - \$499 S10,001 - \$100,000	☑ \$0 - \$499 ☐ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	\$500 - \$1,000 OVER \$100,000
S1,001 - \$10,000	\$1,001 - \$10,000
 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) 	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)
None	None
<u> </u>	
The state of the s	
- Company of the Comp	to the second of
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
□ INVESTMENT □ REAL PROPERTY	INVESTMENT IN REAL PROPERTY
☐ IMAESTIMENT ☐ KEVE EKOEFKIT	15718 W Kearney Blvd., Kerman, CA 93630
Name of Business Entity, if Investment, or	Name of Business Entity if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
<u> </u>	Kerman, CA
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Partnership Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
Check box if additional schedules reporting investments or real property are attached	are attached

Comments:____

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

<u> </u>	
CALIFORNIA FORM	700
Name	
Douglas Kent Wilcox	

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Pharmkee, Inc.	Kerwest, Inc.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
497 Oller St, Mendota, CA 93640	14693 W Whitesbridge Rd., Kerman, CA 93630
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pharmacies, Retail Gift	News Publishing/Gift
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Director/Corp Manager/Pharmacist	Stockholder/Adv. Director
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$1,001 - \$10,000
S10,001 - \$100,000 V OVER \$100,000	☑ \$10,001 - \$100,000 □ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
✓ Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	Loan repayment Partnership
Sale of	Sale of
Sale of(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
1	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	OD
* You are not required to report loans from commercial le	nding institutions, or any indebtedness created as part of
	lender's regular course of business on terms available to
	tus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follows	; ;
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	None
	SECURITÝ FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$10,001 - \$100,000	Guarantor
OVER \$100,000	
	Other(Describe)
Comments:	